



<input checked="" type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?
<input checked="" type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
<input checked="" type="checkbox"/>	c. Is this a vital record?
<input checked="" type="checkbox"/>	d. Does this series have historical or long term research value? Long term research value.
<input checked="" type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
<input checked="" type="checkbox"/>	f. Is the information contained in this series ever published? If yes, attach copy.
<input checked="" type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
<input checked="" type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
<input checked="" type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?
<input checked="" type="checkbox"/>	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	4 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ month \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ 6 \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☒ Transfer to local holding area, hold \_\_\_\_\_ 3½ \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Ed Ward</i>	6-29-79	<i>Carol Maskey</i>	6-27-79

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	7-18-79
Secretary of State/Designee	<i>Carroll Hunt</i>	7-16-79
Attorney General/Designee	<i>[Signature]</i>	7-18-79

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)